Application or Docket Number
09/925156
TMC # Bel-019

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)	SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
			RATE	FEE		RATE	FEE
TOTAL CLAIMS	20		BASIC FEE	355.00	OR	BASIC FEE	710.00
FOR	NUMBER FILED	NUMBER EXTRA					
TOTAL CHARGEABLE CLAIMS	20 minus 20=	—	X$ 9=		OR	X$18=	
INDEPENDENT CLAIMS	4 minus 3 =	1	X40=	40⁻	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT		☐	+135=		OR	+270=	
			TOTAL	395	OR	TOTAL	

If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

IF Amdt 1-11-05

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
					RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total	20	Minus	20	= 0	X$ 9=		OR	X$18=	
Independent	4	Minus	4	= 0	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+135=		OR	+270=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

IF Amdt 3-10-05

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
					RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total	20	Minus	20	= 0	X$ 9=		OR	X$18=	
Independent	4	Minus	4	= 0	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+135=		OR	+270=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
Total		Minus		=	X$ 9=		OR	X$18=	
Independent		Minus		=	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+135=		OR	+270=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875

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